

THIS SPACE IS FOR COURT USE ONLY

R130-1	11:44:11	RECOVERY MANAGEMENT SYSTEM	CCSHF	06/20/00
ACTIVE	ASSC	View Account		REL50
Acct....:	5419727002285676	_____	Birthdate.....:	02/28/71
Tax #...:	519022489		Status.....:	513
Name....:	LEWANDOWSKI, SHARON		Loan Type.....:	MAST
Name 2..:	,			
Address:	HC 34 MAYFIELD STAGE		Officer.....:	889893
Address:			Recoverer.....:	IB13
City....:	BOISE	State: ID	Interest %....:	.00
Ph(Ho)..:	2083312899	Zip...: 837169800	Received.....:	06/19/00
Ph(Off):	0200000000	County.....:	Assigned.....:	06/20/00
Contact Frequency:	000 /	Payment Frequency:	Commission....:	.00
Comaker:	**NONE**		Contract Date:	10/08/96
	Original FOD	Judgment	Last Contact..:	
Charge-Off Amt....:	3,421.11	0.00	Next Contact..:	
Recovered Princ...:	0.00	0.00	Last Payment..:	01/13/00
Net Charge-Off....:	3,421.11	0.00	Payment Due...:	07/14/00
Associated Costs..:	0.00	0.00	Judgment Date:	
Recovered Costs...:	0.00	0.00	Dead Transfer:	
Accrued Interest..:	0.00	0.00	Payment Amt...:	0.00
Recovered Int.....:	0.00	0.00	Past Due Amt..:	85.00
Account Balance...:	3,421.11	0.00	Daily Int Amt:	0.00
PF Keys:	3=Prev			